



Thermography Clinic: Nov 21 2015 @ The Justine Blainey Wellness Centre

The Stink of Pink: Why Mammograms Are Vastly Oversold

By Dr. Mercola, October 14, 2015

Ionizing Radiation Is a Cancer RISK — Why Is It Promoted as a Primary 'Prevention' Tool?

First of all, it's important to realize that the ionizing radiation used to discern breast tumors is a *risk factor* for the development of breast cancer. Additionally, if you do have a malignant tumor, the crushing compression of your breast could potentially cause it to spread. Yet you won't see any information about these risks during these pinkwashing campaigns. Nor will you hear that these risks may be magnified if you are genetically predisposed to breast cancer. In fact, women with BRCA mutation are typically advised to get mammograms every six months or so, which is clearly a recommendation that will increase malignant transformation due to ionizing radiation exposure. Secondly, the identification of the word "prevention" with "early detection," is a disingenuous way of saying that "all we can do to prevent breast cancer is to detect its inevitable presence sooner than would be possible without this technology." This is absolute deceptive hogwash as nothing could be further from the truth. Detection is NOT prevention, and really should not be advertised as such.

Pink-Washing Away Preventable Causes of Breast Cancer

The Susan G. Komen Foundation has done a great deal of harm to women by obfuscating the authentic preventative measures available to combat breast cancer; downplaying the preventive role of a healthy diet rich in fruits and vegetables for example, while heavily promoting mammography. Another atrocious example of this conspiracy against identifying the obvious causes and cures for breast cancer is the National Breast Cancer Foundation's website. Type in "carcinogen" in their site wide search box and you will be rewarded with ZERO results. Not a single page addresses the role of carcinogenic chemicals in the development of breast cancer. On Susan G. Komen's website, the search term "carcinogen" yields just one study on an antidepressant ingredient. The word is not even listed in the breast cancer glossary. Meanwhile, researchers have identified a number of that increase your risk of breast cancer. Avoiding toxic exposures is one of the rational approaches to successful breast cancer prevention, along with healthy lifestyle strategies such as eating real food, exercising, and optimizing your vitamin D levels. By hiding the role that your lifestyle and exposure to carcinogenic chemicals play in the development of cancer, these massive organizations can continue to collect billions of dollars of donations every year in the name of "finding a cure."

False Positives Create Pseudo-Survivors of 'Breast Cancer'

Mammography can detect invasive breast cancer in women. This is not in dispute. What IS in dispute is whether or not routine mammograms are really the right tool to reduce breast cancer rates, and whether it might harm more women than it helps in the process. A growing body of evidence suggests that it does in fact, on the whole, do more harm than good by generating high rates of false positives. A woman receiving a false

positive diagnosis undergoes the same emotional trauma as those with an accurate diagnosis, and this trauma cannot (and should not) be trivialized. According to a Swedish study of 400 women who received a false positive before later being found to be cancer-free:

- 88 percent felt dejected, sad, or "unable to cope"
- 83 percent suffered anxiety
- 67 percent experienced behavioral changes, such as trouble dealing with work or spare time
- 53 percent had trouble sleeping

Those who opt for aggressive treatment such as a mastectomy, radiation, and/or chemotherapy after a false positive diagnosis also undergo physical pain and suffering "for nothing." Yet women who believe their lives were saved by mammography are hard-pressed to buy into the idea that routine mammograms are more harmful than helpful. But as recently addressed by *Forbes* magazine in an article^z titled, "Has Mammography Created An Epidemic Of Pseudo-Survivorship?" many women who believe they're breast cancer survivors may not have had a life-threatening tumor at all... They're not survivors of breast cancer; they're survivors of breast cancer treatment.

Ductal Carcinoma in Situ — Is it Actually Cancer?

Forbes specifically addresses the issue of stage zero cancer known as ductal carcinoma in situ (DCIS), which refers to the abnormal growth of cells forming a lesion that is typically between 1 to 1.5 cm in diameter. About 25 percent (approximately 60,000 cases each year) of all new breast cancer diagnoses obtained through mammography fall in this category. Some experts have argued DCIS should be reclassified as a non-cancerous condition, yet proponents of mammography claim they're "saving lives" through the "early detection" and treatment of DCIS. They view DCIS as "pre-cancerous" and argue that, because it *could eventually* cause harm if left untreated it *should* be treated in the same aggressive manner as invasive cancer. The problem with this approach is that the weight of evidence indicates less than half of DCIS cases ever progress to invasive cancer, and in many cases, taking no action beyond "watchful waiting" is the best course of action. As reported by *Time Magazine*, a study published in August found that "no matter how a woman is treated for DCIS, the mortality risk is 3 percent – similar to the average for the general population. " The article also points out the problem with referring to non-invasive lesions like DCIS as "cancer:"

"Cancer has a language problem – not just in the way we speak about it, as a war that drafts soldiers who never signed up for it, who do battle and win, or do battle and lose. There's also the problem of the word itself. A 57-year-old woman with low-grade DCIS that will almost certainly never become invasive hears the same word as the 34-year-old woman who has metastatic malignancies that will kill her. That's confusing to patients conditioned to treat every cancer diagnosis as an emergency..."

New Tools and Studies That May Improve Treatment Decisions

New tools have emerged that may help in making treatment decisions following a diagnosis of breast cancer. These include genetic tests, such as:

- **Oncotype DX**, which may help determine how well your tumor might respond to chemotherapy
- **Oncotype DX DCIS**, which offers an indication of your risk for recurrence of DCIS, and whether radiation therapy following a lumpectomy might be beneficial